



Membership Application

Friends of the Vernon Arts Commission

<http://vacvernonct.tripod.com/>

Date of Application: ____ / ____ / ____

Name: _____

Address: _____ **Town:** _____ **Zip:** _____

Email: _____

Telephone Number: _____ **Cell Phone Number:** _____

Membership:

____ **NEW**

____ **RENEWAL**

Choose your level of support:

____ **\$15 Adult**

____ **\$10 Senior / Student**

____ **\$20 Family**

____ **\$25 Patron**

____ **\$50 Sponsor**

Please make checks payable to: *Friends of the Vernon Arts Commission*

MAIL

Membership Application and Payment to:

Irma Carter

FVAC Membership

25 Lantern Lane

Vernon, CT 06066

Thank you for becoming a Friend of the VAC. We appreciate your support!